

Product-Plan Data Collection

Company Legal Name: **Golden Rule Insurance Company**
 HIOS Issuer ID: **47949**
 Effective Date of Rate Change(s): **1/1/2017**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Gen 33			terminated Product
Product ID:		47949KY020			47949KY000
Metal:		Silver	Silver	Bronze	Not Applicable
AV Metal Value		0.687	0.681	0.614	0.000
AV Pricing Value		0.010	0.900	0.835	0.000
Plan Category		Terminated	Renewing	Renewing	Terminated
Plan Type:		PPO	PPO	PPO	PPO
Plan Name		Silver HSA 100	Silver Copay Select 1	Bronze HSA 100	2015 Experience
Plan ID (Standard Component ID):		47949KY0200001	47949KY0200002	47949KY0200003	47949KY0000000
Exchange Plan?		No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%			0.00%
Historical Rate Increase - Calendar Year - 1		0.00%			0.00%
Historical Rate Increase - Calendar Year 0		11.46%			0.00%
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		0.00%	43.27%	56.74%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	43.27%	56.74%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	62.46%	86.44%	0.00%
Product Rate Increase %		49.99%			0.00%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0000000
Inpatient	\$4.14	\$0.00	\$4.99	\$8.02	\$0.00
Outpatient	\$8.24	\$0.00	\$9.93	\$15.97	\$0.00
Professional	\$6.97	\$0.00	\$8.40	\$13.51	\$0.00
Prescription Drug	\$2.48	\$0.00	\$2.99	\$4.81	\$0.00
Other	\$0.43	\$0.00	\$0.52	\$0.83	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	-\$8.72	\$0.00	-\$13.56	-\$11.50	\$0.00
Taxes & Fees	\$71.93	\$0.00	\$105.80	\$105.54	\$0.00
Risk & Profit Charge	\$11.68	\$0.00	\$18.16	\$15.40	\$0.00
Total Rate Increase	\$97.13	\$0.00	\$137.23	\$152.58	\$0.00
Member Cost Share Increase	\$5.10	\$0.00	\$14.88	-\$5.64	\$0.00

Average Current Rate PMPM	\$291.07	\$0.00	\$317.14	\$268.93	\$0.00
Projected Member Months	7,181	0	3,297	3,884	0

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0000000
Information	Plan Adjusted Index Rate	\$259.15	\$270.32	\$277.61	\$224.41	\$0.00
	Member Months	12,730	3,921	5,548	3,114	147
	Total Premium (TP)	\$3,298,957	\$1,059,934	\$1,540,201	\$698,823	\$0

Premium Info	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	0.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	100.00%
Claims Information	Total Allowed Claims (TAC)	\$3,315,102	\$883,168	\$1,974,820	\$442,710	\$14,404
	EHB Percent of TAC, [see instructions]	99.57%	100.00%	100.00%	100.00%	0.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.43%	0.00%	0.00%	0.00%	100.00%
	Allowed Claims which are not the issuer's obligation:	\$229,862	-\$13,746	\$294,930	-\$56,643	\$5,321
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0				
	Portion of above payable by HHS on behalf of insured person, as %	0.00%				
	Total Incurred claims, payable with issuer funds	\$3,085,240	\$896,914	\$1,679,890	\$499,353	\$9,083
	Net Amt of Rein	\$232,844.22	\$63,837.99	\$180,649.65	-\$11,104.43	-\$539.00
	Net Amt of Risk Adj	-\$1,308,254.64	-\$407,666.41	-\$576,825.62	-\$323,762.61	\$0.00

Incurring Claims PMPM	\$242.36	\$228.75	\$302.79	\$160.36	\$61.79
Allowed Claims PMPM	\$260.42	\$225.24	\$355.95	\$142.17	\$97.99
EHB portion of Allowed Claims, PMPM	\$259.28	\$225.24	\$355.95	\$142.17	\$0.00

Section IV: Projected (12 months following effective date)

Premium Information	Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0000000
	Plan Adjusted Index Rate	\$433.37	\$0.00	\$451.01	\$418.40	\$0.00
	Member Months	7,181	-	3,297	3,884	-
	Total Premium (TP)	\$3,112,031	\$0	\$1,486,970	\$1,625,060	\$0
	EHB Percent of TP, [see instructions]	99.90%	0.00%	99.90%	99.90%	0.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Other benefits portion of TP	0.10%	100.00%	0.10%	0.10%	100.00%
	Total Allowed Claims (TAC)	\$2,568,775	\$0	\$1,179,397	\$1,389,378	\$0
	EHB Percent of TAC, [see instructions]	99.90%	0.00%	99.90%	99.90%	0.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.10%	100.00%	0.10%	0.10%	100.00%
	Allowed Claims which are not the issuer's obligation	\$261,699	\$0	\$89,397	\$172,302	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	\$2,307,075	\$0	\$1,090,000	\$1,217,076	\$0
	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0
	Net Amt of Risk Adj	-\$661,996	\$0	-\$303,941	-\$358,055	\$0
	Incurred Claims PMPM	\$321.27	\$0.00	\$330.60	\$313.36	\$0.00
	Allowed Claims PMPM	\$357.72	\$0.00	\$357.72	\$357.72	\$0.00
	EHB portion of Allowed Claims, PMPM	\$357.36	\$0.00	\$357.36	\$357.36	\$0.00